| AMEN | | Docket No. 00-VE20.57 | | | | | | | | | |
|---|---|---|-------------------------------------|--------------------------------|--|---------------------|--|--|--|--|--|
| Application | No. | Filing [July 20, | Date | Examiner Anya, Charles | | Art Unit 2748 | | | | | |
| oplicant(s): Peru | | | | | | <u> </u> | | | | | |
| Transmitted herev | with is an ame | ndment in the | above-Identifi | OR PATENTS led application. | | | | | | | |
| The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED | | | | | | | | | | | |
| | Claims Romaining After Amendment | Highest Number Previously Paid | - Number Extra Claims Present | Rate | | | | | | | |
| Total Claims | 78 | - 78 = | | х . | <u> </u> | | | | | | |
| Independent Claims | 9 | - 9 = | | x | - | | | | | | |
| Multiple Depend | ient Claims (ch | ock if applicab | te) | | <u> </u> | | | | | | |
| Other fee (pleas | e specify): | Extension of tim | e for response | within second month | | \$420.00 | | | | | |
| TOTAL ADDIT | IONAL FEE F | OR THIS AME | NOMENT: | | <u>i </u> | \$420.00 | | | | | |
| x Large Entity | | | | Small Entit | У | | | | | | |
| | al fee is require | ed for this ame | ndment. | | | | | | | | |
| Please char | ge Deposit Accopy of this sh | count No. | 07-2347 | in the amount of \$ | \$42 | | | | | | |
| | | | | r the filing fee is en | closed. | | | | | | |
| Payment by | credit card. F | orm PTO-203 | 8 is attached. | | | 07-2347 | | | | | |
| X The Directo as describe | r is hereby aut d below. A du | horized to cha plicate copy o | inge and credi f this sheet is | it Deposit Account enclosed. | No | 71-25-11 | | | | | |
| Credit a | any overpayme | mt. | | | | | | | | | |
| X Charge | any additional f | iling or applicat | ion processing | fees required unde | r 37 CFR | 1.16 and 1.17. | | | | | |
| | Jul Wall | | | Dated: | Septem | ber 7, 2004 | | | | | |
| Joel Wall. Attorney Res | 7 - | • • | | | | | | | | | |
| | rate Services (idge Drive | O b | | | | | | | | | |
| Irving, TX 750 (972) 718-480 | 38 | | | | | | | | | | |
| I hereby cartify that to 9306, on the date sh | his correspondence own below. | Am is being facsimile | andment Transmitted to the | Petent and Trademark C | Office, facein | viie no. (703) 272- | | | | | |
| Dated: September 7. | | Signature | hutch | ellat « | Chylatian And | lersen) | | | | | |

PAGE 2/15 * RCVD AT 9/7/2004 2:49:48 PM (Eastern Daylight Time) * SVR:USPTO-EFXRF-1/5 * DNIS:8729305 * CBID:9727183946 * DURATION (mm-ss):06-48

| Application or Docket Number | | | | | | | | | er | | | |
|---|--|---|---------------------------------------|---------------------|--|----------|----------------|-----------------|------|------------|--------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 | | | | | | | | | | | | |
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN | | | | | | | | | | | | |
| (Column 1) (Column 2) | | | | | TY | PE' | | OR SMALL ENTITY | | | | |
| FO | R | NU | MBER FILED | NUMBER 6 | EXTRA | RA | ΤE | FEE | | RATE , | FEE | |
| BA | SIC FEE | C FEE 345.00 OR | | 690.00 | | | | | | | | |
| TOTAL CLAIMS | | | / / minus 20= * | | | X\$ | X\$ 9= | | OR | X\$18= | | |
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| * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL | | | | | | | | | Ko | | | |
| | | • | • | | | | | | ' '. | OTHER | THAN | |
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| | | | | | nahama 0 | <u> </u> | 30= | 1 | OR | | | |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE | | | | | | | | | | | | |
| " | | ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | |